

HHS HCFA
DIVISION OF MEDICAID
REGION IX

ate Nevada

and restore the client to his/her previous level of functioning, and to assist the client in returning to the community as rapidly as possible. (See Intensive Community Based Treatment for Children and Adolescents.) Medicaid reimburses on an hourly rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan.

- d. Residential Rehabilitation - Residential rehabilitation service is provided to individuals formerly sustained only in inpatient settings or is offered as an adjunct to placement of severely impaired adults in a community group residence. It will be provided in a facility of 16 beds or less and reimbursement does not include room and board. The objectives are to teach basic self care skills, personal hygiene, communication skills, self-medication and home making and to encourage socially acceptable behaviors. (See Therapeutic Foster Care and Residential Treatment for Children and Adolescents.) Medicaid reimburses on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan which excludes room and board.

Providers must have two years of experience in furnishing comprehensive mental health services for adults with mental illness and disabilities. Comprehensive services include inpatient, outpatient counseling, case management, partial hospitalization, medication clinic services and all services listed above. Rehabilitative services will be tailored to be flexible to the adult's individual needs as specified in the individualized plan of care. The individualized plan of care will be provided following an assessment of each client's level of functioning and full range of treatment needs. Services may be delivered on a short-term crisis basis (0 to 6 months) or a long-term basis (6 to 18 months).

TN No. 94-13
Supersedes
TN No. 93-17

Approval Date FEB 14 1995 Effective Date 10/01/94

- G. School Based Rehabilitative Services. School based rehabilitative services (SBRS) are medical services provided through a child's local school district which are designed to meet the health needs of a child toward the appropriate reduction of a physical or mental impairment and restoration to the child's best possible functional level. The evaluative and diagnostic services which determine the need for treatment are determined through the school's planning and placement team process.

Rehabilitation or treatment services are recommended by a licensed physician (school based or family designated) providing services within the scope of medicine as defined by state law and provided through the individualized education plan (IEP).

- (1) School based rehabilitation services include the following services:

- (a) Psychological counseling;
- (b) Nursing services;
- (c) Physical therapy;
- (d) Occupational therapy;
- (e) Speech therapy;
- (f) Audiology - test hearing, dispense hearing aid and fittings;
and
- (g) Durable medical equipment.

- (2) The personnel providing the services must be certified by the State Department of Education in their profession or certified by a Medicaid recognized licensing or certification agency, and be approved by the federal government as an eligible rehabilitation provider.

- H. Transportation. Transportation provided by the local school district on the day a child receives school based rehabilitative services, and which is included in the IEP, is considered a reimbursable service.

TN# 95-04

Supersedes

TN# 93-18

Approval Date OCT 12 1995

Effective Date JUL 01 1995

14. Services for individuals age 65 or older in institutions for mental diseases

- A. Inpatient hospital services are limited to those certified for payment by a Professional Standards Review Organization. Inpatient psychiatric services are not to exceed five (5) days unless the attending physician documents why additional services are required. Emergency inpatient mental health services require no prior authorization. However, Medicaid's Peer Review Organization, HealthInsight, must be contacted for certification purposes within 24 hours or the first working day after the admission for certification purposes.

An emergency psychiatric admission must meet at least one of the following three criteria:

- (1) Active suicidal ideation accompanied by a documented suicide attempt or documented history of a suicide attempt(s) within the past 90 days; or
- (2) Active suicidal ideation accompanied by physical evidence or means to carry out the suicide threat (i.e., gun, knife, note); or
- (3) Documented aggression within the 72 hour period before admission:
 - (a) Which resulted in harm to self, others, or property;
 - (b) Which manifests that control cannot be maintained outside inpatient hospitalization; and
 - (c) Which is expected to continue if no treatment is provided.

- B. Nursing facility services require prior authorization from the Medicaid office on Form NMO-49.

TN# 99-09
Supersedes
TN# 93-18

Approval Date 7/26/99

Effective Date July 1, 1999

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services for MR (other than such services as in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

 X Provided No limitations X With limitations*
 Not provided

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

 X Provided No limitations X With limitations*
 Not provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

 X Provided No limitations X With limitations*
 Not provided

17. Nurse-midwife services.

 X Provided No limitations X With limitations*
 Not provided

18. Hospice care (in accordance with section 1905(o) of the Act).

 X Provided X No limitations With limitations*
 Not provided

*Description provided on attachment.

TN# 97-11
Supersedes
TN# 91-14

Approval Date MAR 16 1998 Effective Date 10/01/97

15. a. Intermediate care facility services require prior authorization from the Institutional Care Unit on Form NMO-49.
16. Inpatient psychiatric facility services are limited to individuals under the age of 21 years if the referral for services resulted from a Healthy Kids (EPSDT) screening and the admission is prior authorized by Nevada Peer Review (NPR).

The only exception for the client to be admitted prior to a Healthy Kids (EPSDT) screening and NPR authorization would be in the event of an emergency in which the Healthy Kids (EPSDT) screening and NPR authorization must be completed within 24 hours or the first working day ~~of~~ ^{AFTER} the admission.

An emergency psychiatric admission must meet at least one of the following three criteria:

- a. Active suicidal ideation accompanied by a documented suicide attempt or documented history of a suicide attempt(s) within the past 90 days; or
- b. Active suicidal ideation accompanied by physical evidence or means to carry out the suicide threat (i.e., gun, knife, note); or
- c. Documented aggression within the 72 hour period before admission:
 - 1) Which resulted in harm to self, others, or property;
 - 2) In which control cannot be maintained outside inpatient hospitalization; and
 - 3) The aggression is expected to continue without treatment.

Inpatient psychiatric services are not to exceed five (5) working days unless the attending physician documents, on a daily basis, why additional services are necessary.

17. Nurse-midwife services are limited to the same extent as are physicians' services.

TN# 92-20
Supersedes
TN# 91-14

Approval Date AUG 19 1992

Effective Date 8/1/92

State/Territory: NEVADA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations

X Not provided.

20. Extended services to pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

 Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

 Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 96-02

Supersedes

TN No. 92-05

Approval Date SEP 24 1996

Effective Date 01/01/96

State/Territory: Nevada

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by ~~a qualified~~ *an eligible* provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

- certified AD*
23. Pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. <u>92-5</u>	Approval Date <u>FEB 21 1992</u>	Effective Date <u>1/1/92</u>
Supersedes		
TN No. <u>90-7</u>		

HCFA ID: 7986E

20. Extended services to pregnant women include all major categories of service provided for categorically needy recipients, except for services for individuals aged 65 or older in institutions for mental diseases, insofar as the services are medically necessary and related to the pregnancy. Services require prior authorization from the Nevada Medicaid Office on Form NMO-3.
22. All respiratory care services require prior authorization from the Medicaid Office on Form NMO-3.
23. Pediatric or family nurse practitioner services are limited to the same extent as physician services.

State/Territory: Nevada

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 92-5

Supersedes 87-11 Approval Date FEB 21 1992

Effective Date 1/1/92

TN No. 87-11

HCFA ID: 7986E

- 24.a. Transportation necessary to secure medical care requires prior authorization in all but emergency situations. The local State Welfare office prior authorizes local and out-of-town transportation on Form NMO-8; Nevada Medicaid Office prior authorizes out-of-state travel on Form NMO-3.
- 24.d. Nursing facility services for patients under 21 years of age require prior authorization from the Nevada Medicaid Office on Form NMO-49.
- 24.f. Personal care services in recipient's home require prior authorization from the Medicaid staff supervising nurse on Form 3207-SM, the Patient Care Plan-Home Health Care.

TN No. 92-5

Supercedes

TN No. 87-11Approval Date FEB 21 1992Effective Date 1/1/92